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AUTHOR Clamar, Aphrodite J.
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ABSTRACT

Increasing numbers of women are turning to women therapists for help in meeting their psychological problems, causing an "empty couch syndrome" among male therapists who have long dominated the field. Women do not necessarily make better therapists, and the sex of the therapist is not the most important factor in predicting success or failure for the patient, but there are basic, important differences between male and female therapists. The subject has major economic importance to psychologists, because women constitute the major portion of the patient population, according to the National Institute of Mental Health. Reasons for the "empty couch syndrome," drawing on women's changing perceptions, roles and expectations, are lessening of the Freudian influence, downgrading of male experts, preference for a therapist with no sexual appeal, acknowledgement of women's long-repressed resentments toward males, and concerted effort by women to break the standard sex role stereotypes. Women therapists are encouraged to guard against becoming sexist in their own way, while remaining flexible and open to all possible lifestyles and options for their patients. (Author)

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Aphrodite J. Clamar
162 East 80th Street
New York, New York, 10021

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MALE THERAPISTS AND THE "EMPTY COUCH" SYNDROME

Aphrodite J. Clamar

Increasingly, women are rejecting the traditional male-therapist/female-patient dyad for a newer dyad: female-therapist/female patient. Does the woman therapist pose a threat to the existing male-dominated therapeutic setting? What hitherto unrecognized set of complex human behaviors and social changes are coming into play to make women -- who still constitute the major portion of the patient population, according to NIMH statistics and studies of clients in private therapy -- increasingly choose women therapists?

The underlying assumption of this paper is neither that women make better therapists than men nor that the sex of the therapist is the most important factor in predicting the outcome of the therapy. Rather, I feel that there are basic, important differences in orientation between male and female therapists which, during this "feminist" era of increasing women's self-awareness and the growing pride of women in being women, strongly affect women patients and potential patients.

Traditionally, psychotherapy for women has been viewed from a male vantage point. Thinking back over the period of my own training as a clinician and psychotherapist, I cannot recall a text book (or teacher, for that matter) in psychotherapy and counselling which distinguished between males and females in either diagnosis, treatment procedures or goals. There seems to have been assumption that male and female patients were interchangeable and that this unitary approach -- with the male as model -- was sufficient.

This attitude also reflected the thinking of the major theoreticians and practitioners who, if they did acknowledge the special needs of women, couched them in words and phrases that served to downgrade and negate them. True, young children were often sent to female therapists on the assumption that the mother figure was more important to the child in the early years; later in childhood the male child was sent to a male therapist with the explanation that he "needed a male model with whom to identify." Essentially, however, therapy failed to take into account the special needs and perceptions of women and the effects of these needs and perceptions in the process, goals and results of psychotherapy.

Because role expectations for boys and girls tend to differ in our society, helping others at an emotional level is more often thought of as a feminine rather than a masculine activity. While growing up, women are taught that it is appropriate to be interested in people and relationships. Little girls are expected to experience a wide range of feelings and are given more freedom to express them than boys. Understanding, nurturence

and responsiveness are valued and rewarded in women. For once, the dominant sex role stereotypes have resulted in specific advantages for women therapists by allowing them to express their own feelings and encouraging them to be sensitive to the feelings of others.

Boys, by contrast, are less often rewarded for expressing their feelings. Instead, they are rewarded both for their "acting-out" and their emotional control, and for coping with things rather than people and relationships. Charlene Carter, in an article in Psychotherapy: Theory, Research and Practice, notes that the male therapist in graduate training must unlearn "habits of emotional distance and restraint -- he must learn, in other words, to be more womanly." (1)

Women therapists, on the other hand, tend to be emotionally responsive "naturally." Society has trained them to allow patients' experiences to have an impact on them in a feeling way. They are both skilled and experienced -- as a result of sex-role stereotyping -- at verbalizing how they have been affected. More often than not, what brings a patient to therapy is his/her confusion about feelings and problems with people in his/her world, rather than an inability to cope with concrete life situations. Women therapists -- as women before they were therapists -- have been taught to understand these emotional realities since childhood. In essence, they are already therapists when they begin graduate training.

The feminist movement has enabled women therapists (who have always been around, albeit in small numbers, and have now begun to gain a slightly

larger toe-hold in graduate school and training) to assert themselves and compete openly with male therapists for patients. These are ambitious, competent women who now feel self-assured enough to let such "unfeminine" characteristics as ambition and competence show. Women therapists are also more readily available today to women patients through feminist referral collectives and other community-support systems in the spirit of "sisterhood is power." Feminist collectives have made it possible for more women -- especially those with limited financial resources or anti-establishment feelings -- to go into therapy. At last, women have a wider choice of available therapies and therapists through this source. There is growing importance of the "female is good" concept among women, who now feel free to see other women as being as brainy, as well-educated and as able as their male counterparts.

There are other special advantages that a woman therapist has in working with females -- for example, in providing women patients with role-models that male therapists cannot fulfill. Increasingly, women patients want to explore their conflicts and establish their sexual identity with someone who has felt the same pains, faced the same dilemmas and survived as an autonomous adult without compromising her integrity. At such a time, the male therapist can only be an observer. He cannot teach a girl how to be a woman or reassure her that she perceives and feels in ways usual for her sex. A male therapist is limited in matters concerning the sexuality of a female patient; he can only guess at what is female, what is pathology and what is individual difference.

Women patients need a therapist who understands the role of socialization in creating the attitudes and feelings that inhibit their own self-realization and happiness, and who will not assume that their conflicts with prevailing norms are a mark of their "sickness." A woman therapist who, it may be assumed, has been through it herself can help her patients resolve their ambivalences about establishing their own identities, selecting careers and life-styles, and finding partners upon whom to share intimacy and support. A male therapist, on the other hand, is often on shaky ground when he tries to help women patients deal with their sexuality and sexual feelings, running the risk of either playing out his own sexual needs or finding himself in the position of a father discussing his teen-age daughter's sexual feeling with her.

In a period when women are seeking to find themselves, a women therapist represents a woman who has found herself, made her way in a social structure that may not have encouraged her to succeed, and is comfortable with her competence and success. Few members of today's generation of young women have mothers who were early feminists, or career-minded, or who had the opportunity to achieve economic, social or sexual independence. And none had mothers who lived through a period of such rapid changes in our social habits and the values we place on them. Thus, while their own mothers are not able to provide them with the perspective and skills they need, a woman therapist can assume this role.

There are other considerations in the choice of women therapists by women:

1. The lessening of the Freudian influence, with its emphasis on encouraging women to "adjust" to traditional male-servicing roles, and which defines intra-psychic conflicts -- rather than societal oppression and prejudice -- as the source of women's psychological distress.

2. The downgrading of male "experts" as an outgrowth of the general upgrading of women. Thus, women no longer feel the need to seek male authority figures for therapeutic protectiveness and expertise.

3. The preference of women for a therapist who will not appeal to their sexual feelings and who does not tempt them to be provocative and seductive while using his power position to exploit them for his own sexual gratification in the name of treatment. The American Academy of Psychotherapists reports in its June, 1978 Newsletter(2) that 4 per cent of psychotherapists have engaged in sex with their patients. The major portion of this 4 per cent are male psychotherapists with female patients.

4. Growing acknowledgement of women's long-repressed resentments toward males -- whether brothers, fathers, husbands or others -- and the fact that they often don't feel at home or comfortable in a male world. This is one result of the general trend toward more open communication and expression of feelings. Thus, women are seeking to change the male world by banding together rather than submissively helping perpetuate it, as they did in the past.

5. Concerted effort by women to break the standard sex role stereotypes. Broverman, Vogel, Broverman, Clarkson and Rosenkrantz report:

> Our research demonstrates the contemporary existence of clearly defined sex-role stereotypes for men and women contrary to the phenomenon of "unisex" currently touted in the media. Women are perceived as relatively less competent, less independent, less objective and less logical than men. Men are perceived as lacking interpersonal sensitivity, warmth and expressiveness in comparison to women. Moreover, stereotypically, masculine traits are more often perceived to be desirable than are the stereotypically feminine characteristics. More importantly, both men and women incorporate both the positive and negative traits of the appropriate stereotypes in their self-concepts.(3)

As Chesler,(4) Broverman, et al, have found, clinicians also accept these stereotypes.

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These, then, are some of the factors, as I see them, that have influenced women to increasingly seek women therapists. Certainly it is possible for male therapists to be effective therapists for women -- provided they achieve a real understanding of sexism and its effect on women and provided they look carefully, thoroughly and honestly at their own biases, prejudices, distortions, emotional investments and experiences. Until they are willing to face these issues squarely, however, male therapists will find their women patient-loads reduced and their role in the field appreciably diminished.

At the same time, however, women therapists must guard against the same traps that males have fallen into. They need to be alert to becoming sexist in their approach; they need to be flexible and open to all possible life-styles and options for their patients, be they female or male, married or single, career persons or homemakers, establishment or anti-establishment. Women therapists must meet the standard we expect of all good therapists -- an ability to help the patient grow and change in a way that is both authentic and fulfilling.

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